

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

VIGOP

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00553560

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☒ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 01 2013 through M M M / D D D / Y Y Y Y Y Y 12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y 01 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2013

To:

M M	/	D D	/	Y Y Y Y Y Y
12		31		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2013</td></tr></table>	Y	Y	Y	Y	Y	Y	2013							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y Y

To:

M M /

D D /

Y Y Y Y Y Y

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10500.00

10500.00

(ii) Unitemized .....

54977.27

54977.27

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

65477.27

65477.27

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

65477.27

65477.27

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

65477.27

65477.27

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

65477.27

65477.27

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	52840.23	52840.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52840.23	52840.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52840.23	52840.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52840.23	52840.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	65477.27	65477.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65477.27	65477.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	52840.23	52840.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	52840.23	52840.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM J ALLEN 936 JR**

Mailing Address 2090 LOS ALTOS AVE

City State Zip Code  
 CLOVIS CA 93611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 26 / 2013

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES C BLACKWELL 855 JR**

Mailing Address PO BOX 2149

City State Zip Code  
 CLAYPOOL AZ 85532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2013

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS ILONA K BROMLEY 441**

Mailing Address 7387 CHERRY HILL LN

City State Zip Code  
 BROADVIEW HEIGHTS OH 44147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 11 / 2013

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 7 OF 18  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MR BARTON BULMAN 559**

Mailing Address 11500 GOLDENROD RD

City State Zip Code  
 CALEDONIA MN 55921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 16 2013

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS WILLIAM H CLARK 752 III**

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
 DALLAS TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 02 2013

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES EBROM 782**

Mailing Address 213 SHEFFIELD

City State Zip Code  
 SAN ANTONIO TX 78213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ZACHRY CONSTRUCTION CORP

Occupation

VP OF ADMIN & ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 27 2013

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MS RUTH R GLANCY 482**

Mailing Address 40 PRESTON PL

City State Zip Code  
 GROSSE POINTE FARM MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY LIGGETT SCHOOL

Occupation  
 MEMBER OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 20 / 2013

Transaction ID : SA11AI.5367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES GORDER 921 SR**

Mailing Address 5526 TOYON RD

City State Zip Code  
 SAN DIEGO CA 92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 27 / 2013

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES J HRUSKA 604**

Mailing Address 9021 S 83RD CT

City State Zip Code  
 HICKORY HILLS IL 60457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 18 / 2013

Transaction ID : SA11AI.5736

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MR DAVID H KEYSTON 939**

Mailing Address PO BOX 7066

City State Zip Code  
 CARMEL CA 93921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2013

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR DAVID H KEYSTON 939**

Mailing Address PO BOX 7066

City State Zip Code  
 CARMEL CA 93921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 19 / 2013

Transaction ID : SA11AI.5939

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR WALTER H KLEINER 980**

Mailing Address 1725 89TH PL NE

City State Zip Code  
 CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2013

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

## **A. MR PETER LAWSON-JOHNSTON 334**

Mailing Address 134 S BEACH RD

City State Zip Code  
 HOBE SOUND FL 33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COUGSENHEIM BROTHERS

Occupation  
 PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 21 / 2013

Transaction ID : SA11AI.6075

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MS KATHLEEN L MCCARTHY 900**

Mailing Address 10449 BAINBRIDGE AVE

City State Zip Code  
 LOS ANGELES CA 90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF SOUTHERN CALIFORNIA

Occupation  
 VICE CHAIRMAN & TRUSTEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 02 / 2013

Transaction ID : SA11AI.6295

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. MR PAUL MILES 070**

Mailing Address 1077 RIVER RD APT 201

City State Zip Code  
 EDGEWATER NJ 07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 19 / 2013

Transaction ID : SA11AI.6399

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MR JOHN T PRATT 349**

Mailing Address 1479 SW SHORELINE DR

City State Zip Code  
 PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 24 2013

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM F RICHARDSON 972**

Mailing Address 4600 NE SHAVER ST

City State Zip Code  
 PORTLAND OR 97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 13 2013

Transaction ID : SA11AI.6830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR RAY A STARCHER 430**

Mailing Address 3280 GRANVIEW RD

City State Zip Code  
 GRANVILLE OH 43023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 27 2013

Transaction ID : SA11AI.7246

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. MR JACK E TURNER 731**

Mailing Address 2326 SW 122ND ST

City

OKLAHOMA CITY

State

OK

Zip Code

73170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TURNER BROS TRUCKING CO

Occupation

TRUCKER / FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP**

Full Name (Last, First, Middle Initial)

**A. BASE CONNECT INC**Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2013

**Transaction ID : SB21B.7799**

Amount of Each Disbursement this Period

7391.56
---------

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING LLC**Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
OPEN PO BOX

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

**Transaction ID : SB21B.7802**

Amount of Each Disbursement this Period

700.00
--------

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING LLC**Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
OPEN PO BOX

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

**Transaction ID : SB21B.7803**

Amount of Each Disbursement this Period

700.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8791.56
---------

--



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# VIGOP

#### A. CONSOLIDATED MAILING SERVICES

7000.00

# VIGOP

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

## B. DONOR BUREAU

730.40

# VIGOP

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### C. DONOR BUREAU

817.84

# VIGOP

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

8548.24

52680.78

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**BASE CONNECT INC**

Nature of Debt (Purpose):

**DIRECT MAIL - CREATIVE**Mailing Address 1155 - 15TH STREET  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7789

Amount Incurred This Period

16253.42

Payment This Period

7391.56

Outstanding Balance at Close of This Period

8861.86

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING LLC**

Nature of Debt (Purpose):

**CAGING SERVICES**Mailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7790

Amount Incurred This Period

1912.05

Payment This Period

1400.00

Outstanding Balance at Close of This Period

512.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CENTURY DATA SYSTEMS CORP**

Nature of Debt (Purpose):

**DATA PROCESSING**Mailing Address 1155 - 15TH STREET  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7791

Amount Incurred This Period

5752.87

Payment This Period

3593.38

Outstanding Balance at Close of This Period

2159.49

1) **SUBTOTALS** This Period This Page (optional)..... ►

11533.40

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 18

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**

Nature of Debt (Purpose):

**DIRECT MAIL - PRINTING & MAILSHOP**Mailing Address 504 SHAW RD  
SUITE 504City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7792

Amount Incurred This Period

28615.96

Payment This Period

7000.00

Outstanding Balance at Close of This Period

21615.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**

Nature of Debt (Purpose):

**LIST ENHANCEMENT SERVICES**

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7798

Amount Incurred This Period

1924.65

Payment This Period

1548.24

Outstanding Balance at Close of This Period

376.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT CORP**

Nature of Debt (Purpose):

**LIST RENTALS**Mailing Address 1155 - 15TH STREET  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7793

Amount Incurred This Period

8757.82

Payment This Period

0.00

Outstanding Balance at Close of This Period

8757.82

1) **SUBTOTALS** This Period This Page (optional)..... ►

30750.19

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 18

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR  
#806City State Zip Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7794

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW SERVICES LLC**

Nature of Debt (Purpose):

ESCROW SERVICES

Mailing Address 29\*243 ST JUST DR

City State Zip Code  
UNIONVILLE VA 22567

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.7795

Amount Incurred This Period

546.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

546.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

2546.92

2) **TOTALS** This Period (last page this line number only)..... ►

44830.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

44830.51